


United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-9250  United States District Court Southern District of Texas JUN 3 0 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Candlesticks	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 100 Candlesticks 112 W 34th St New York NY 10120-0101 	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
<b>2. Date debt was incurred:</b> FEB - APRIL 2000		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed: \$ 67,974.35</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 6/27/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Mary Jane, Controller Marvin J. Coffey, Controller		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

06/26/2000

12:40 PM

Cutoff Date 06/26/2000

Aging Date 06/26/2000

**Candlesticks, Inc.**  
**Detail Aged Trial Balance**  
**Aged By Invoice Due Date**  
**Sorted By Customer ID**

Invoice No	Inv Due Date	Inv Date	Type	Amount	Current	1 - 30	31 - 60	61 - 90	Over 90	Unapplied
<b>Customer</b>				<b>STAGE S</b>						
<b>Name</b>				SPECIALTY RETAILERS, INC.						
<b>City, Region</b>				HOUSTON, TX						
<b>Phone No</b>				(713)-218-4826						
100007411A	07/10/2000	06/23/2000	Inv	694.35						
					694.35	.00	.00	.00	.00	.00
				100007411A Invoice Total						
513924	04/10/2000	03/24/2000	Inv	44,880.00						
513924	06/05/2000	06/05/2000	Pmt	-42,400.54						
513924	06/05/2000	06/05/2000	Pmt	42,400.54						
					.00	.00	.00	44,880.00	.00	.00
				513924 Invoice Total						
514701	06/10/2000	04/27/2000	Inv	21,900.00						
					.00	21,900.00	.00	.00	.00	.00
				514701 Invoice Total						
RET CHECK	07/10/2000	06/12/2000	Inv	42,400.54						
RET CHECK	06/05/2000	06/05/2000	Pmt	-42,400.54						
					.00	.00	.00	.00	.00	.00
				RET CHECK Invoice Total						
Customer Total				67,474.35	694.35	21,900.00	.00	44,880.00	.00	.00
Grand Total				67,474.35	694.35	21,900.00	.00	44,880.00	.00	.00

\*\*\* End of Report \*\*\*